

Home Help Individual Provider Revalidation Instructions

Step 4: Associate Billing Provider/Other Associations



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Step 4: Associate Billing Provider / Other Associations



Provider Resources

Provider Enrollment Revalidation Process

All providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS. MDHHS will notify providers when revalidation is required.

Provider Enrollment Revalidation Process

- This presentation covers the provider enrollment steps that are required during revalidation. Additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.
 - For complete Home Help Individual Provider enrollment instruction: www.Michigan.gov/HomeHelp >> New Enrollment >> [New Individual Provider CHAMPS Registration and Enrollment Instructions](#)
- Providers should review the information within each enrollment step to ensure it's up-to-date and accurate.
- When providers update their enrollment information, a new record is created for Provider Enrollment to review. Providers can change the updated information through the new record until the enrollment is submitted to the State for review.

Provider Enrollment Revalidation Process

- Providers have a 90-day period to complete their revalidation in CHAMPS.
 - **Note:** The 90-day period to complete a revalidation **ONLY** applies to Home Help providers on their original revalidation attempt. If MDHHS re-opens a closed enrollment, providers will be told of the new timeframe to complete the re-opened revalidation.
 - The first day of the revalidation period, providers will be mailed a letter addressed to their CHAMPS correspondence address located within the Provider Enrollment information.
 - 30 days prior to the revalidation period end date a second letter is mailed if the revalidation has not been completed.
 - If the revalidation has not been completed by the end of the last day of the revalidation period, a termination letter will be generated.
 - For example 2/24/20 is the revalidation cycle end date, and the termination letter will be generated the night of 2/24/20.

If revalidation is not completed during the revalidation period, the provider will have their enrollment closed and payments will stop immediately.

- Once enrollment is closed due to not completing revalidation providers must contact MDHHS Provider Enrollment to have the enrollment re-opened.
 - **Note:** If MDHHS opens the enrollment manually, the provider cannot make changes until the following day.

MiLogin and CHAMPS

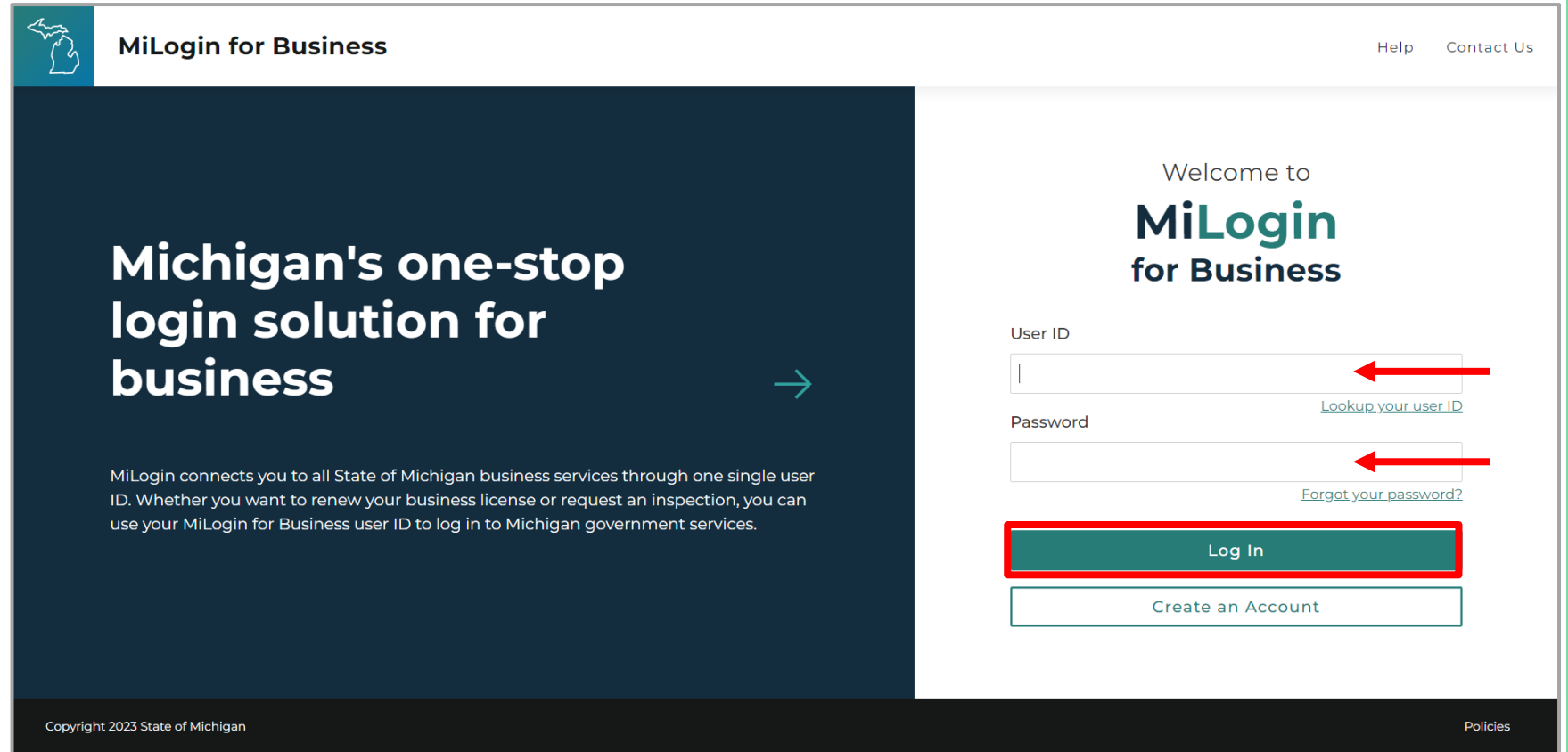
MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

CHAMPS (Community Health Automated Medicaid Processing System) is the MDHHS application where providers enroll, update provider enrollment information, and report services performed.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"



The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with links for "Help" and "Contact Us". The main content area features a dark blue banner with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. To the right, the login form is titled "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Red arrows point to these fields. Below the "User ID" field is a link "Lookup your user ID". Below the "Password" field is a link "Forgot your password?". At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer contains "Copyright 2023 State of Michigan" and a link to "Policies".

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Lookup your user ID

Password

Forgot your password?

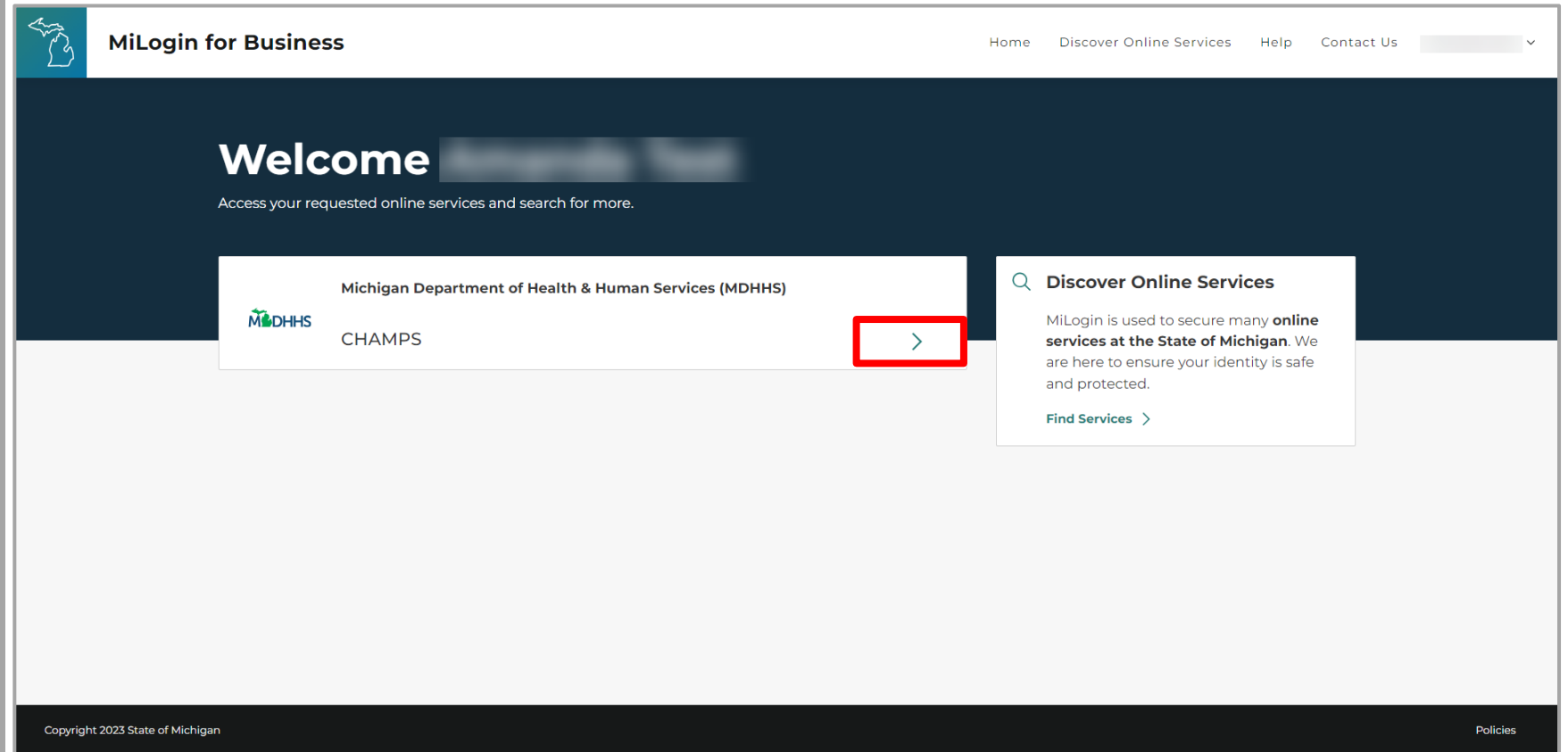
Log In

Create an Account

Copyright 2023 State of Michigan Policies

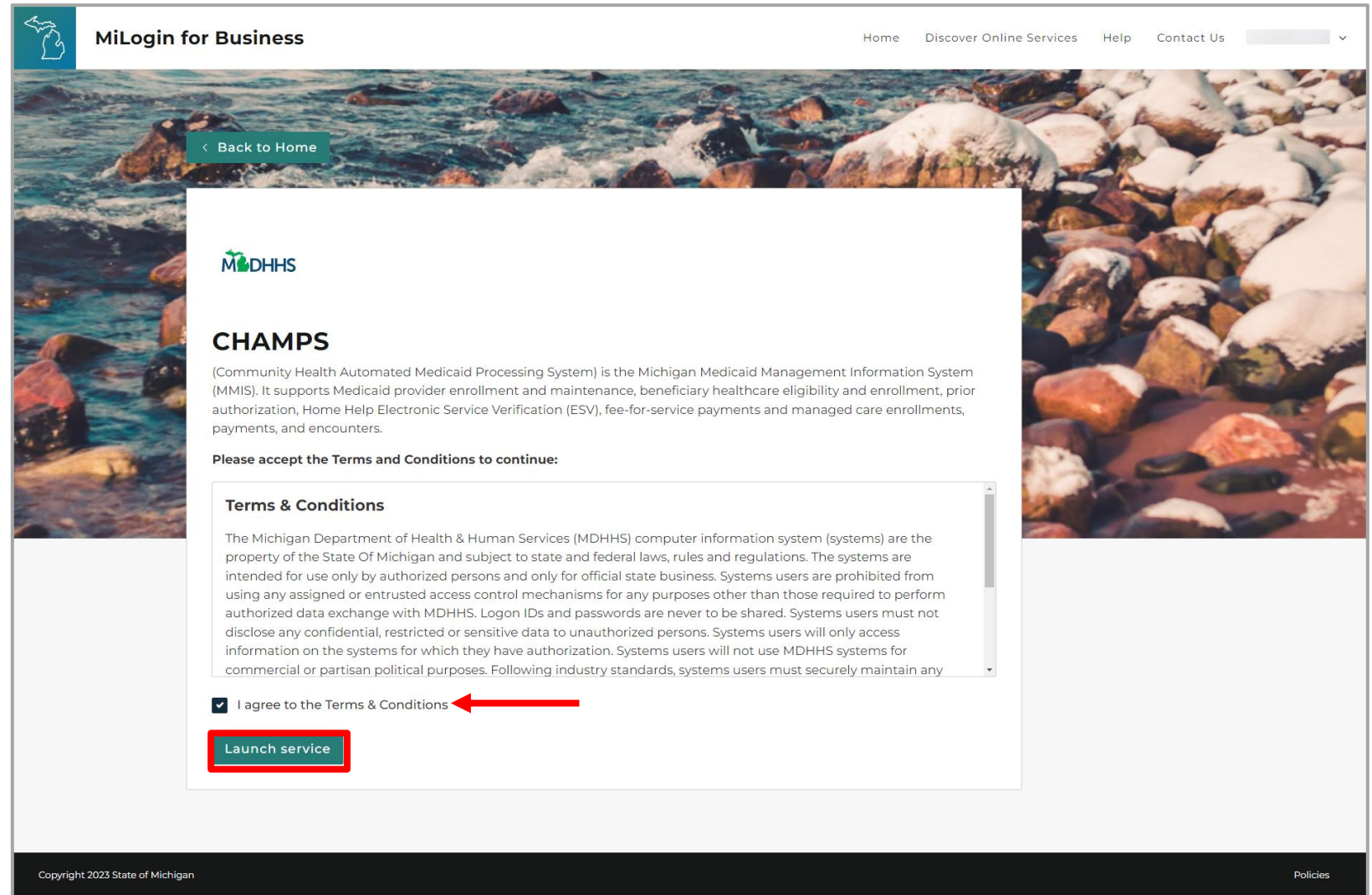
MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.



MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.



The screenshot shows the 'MiLogin for Business' portal. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar is a large banner image of a rocky shoreline. A 'Back to Home' button is visible in the top left of the banner. The main content area features the MDHHS logo and the title 'CHAMPS'. Below the title, a paragraph describes the system as the Michigan Medicaid Management Information System (MMIS). A section titled 'Please accept the Terms and Conditions to continue:' contains a 'Terms & Conditions' box with a scrollable text area. Below this box, there is a checkbox labeled 'I agree to the Terms & Conditions' with a red arrow pointing to it. At the bottom of the form, there is a 'Launch service' button highlighted with a red rectangle. The footer of the page includes 'Copyright 2023 State of Michigan' and a link to 'Policies'.

MiLogin for Business

Home Discover Online Services Help Contact Us

< Back to Home

MDHHS

CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Please accept the Terms and Conditions to continue:

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

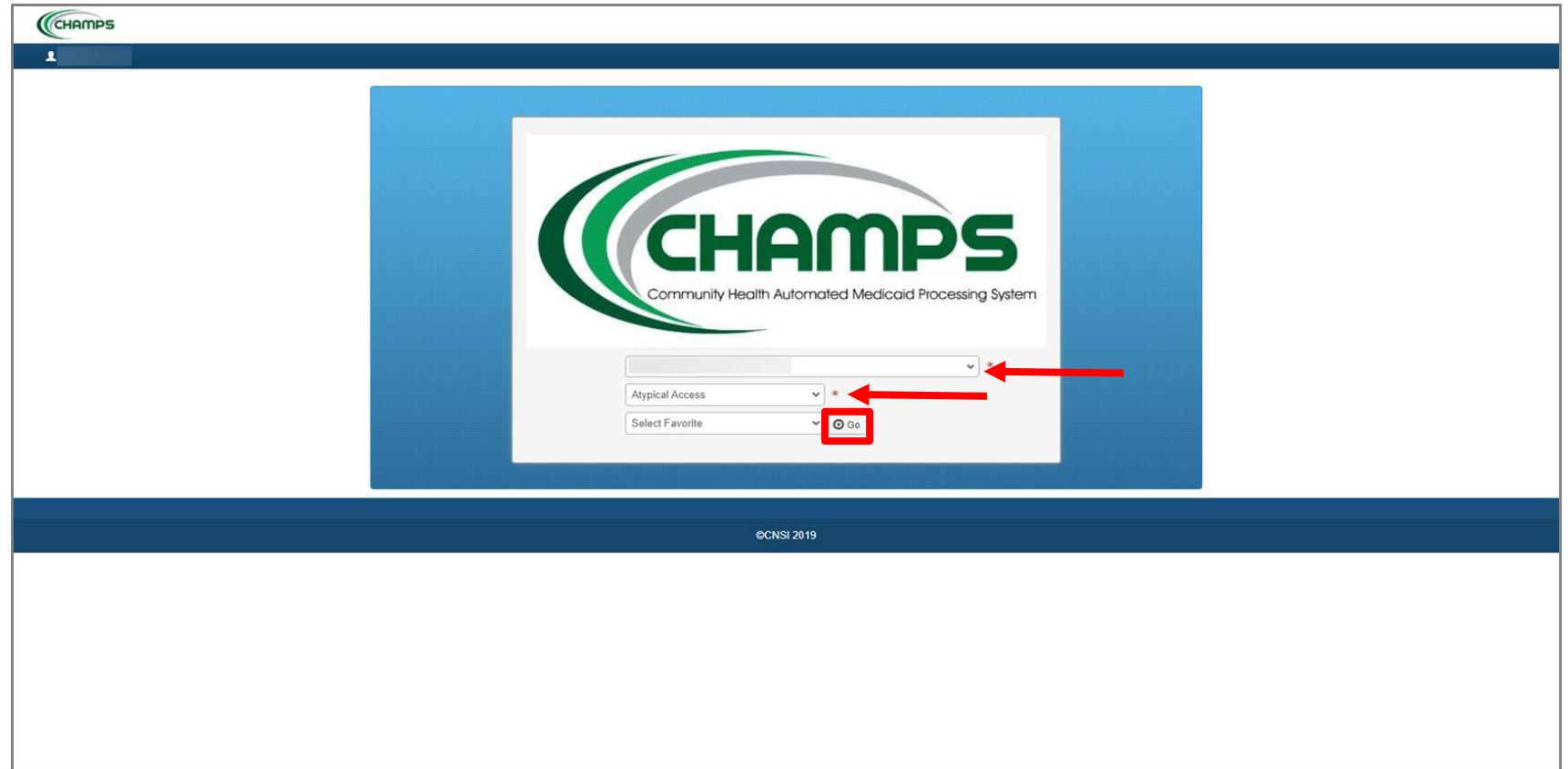
☒ I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login page. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" underneath. Below the logo is a login form with three dropdown menus: a top menu for Provider ID and Name, a middle menu for "Atypical Access", and a bottom menu for "Select Favorite". To the right of these menus is a "Go" button, which is highlighted with a red square. Three red arrows point to the dropdown menus and the "Go" button. The footer of the page displays "©CNSI 2019".

Step 4: Associate Billing Provider/Other Associations

This step should be completed by Providers who are currently associated to an Agency or who are trying to associate to a new Agency. All other providers should skip this step.

- Review Current Agency Association ([Slide 13](#))
- End Dating the Association to an Agency ([Slide 16](#))
- Associating to an Agency ([Slide 21](#))

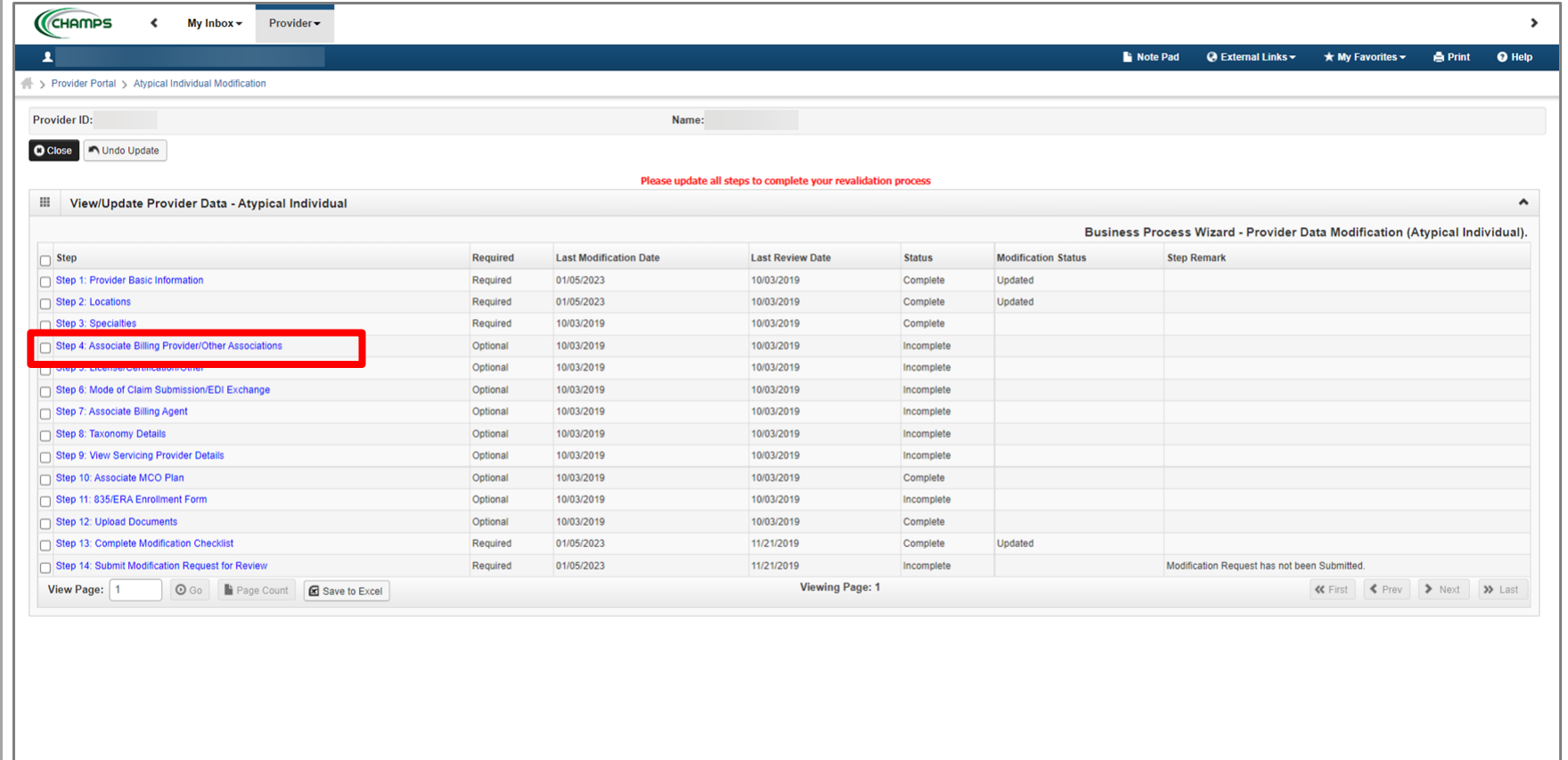
Step 4: Associate Billing Provider / Other Associations

- Click the Provider drop-down menu
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' dropdown menu is highlighted with a red box. The dropdown menu is open, showing three main sections: 'PROVIDER ENROLLMENT' (with 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with 'Manage Provider Information' highlighted by a red arrow), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with 'ESV Member List'). The background shows the 'Provider Portal' page with fields for 'Provider ID' and 'Name', a 'My Reminders' section, and a 'Calendar' widget for January 2023. A 'No Records Found!' message is visible at the bottom of the main content area.

Step 4: Associate Billing Provider / Other Associations

- To review any current agency associations, click on Step 4: Associate Billing Provider/Other Associations.



CHAMPS

My Inbox Provider

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Owner	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Viewing Page: 1

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Step 4: Associate Billing Provider / Other Associations

- Review the Agency information.
 - To end date the Association to the Agency, see [Slide 16](#)
 - To Associate to a new Agency, see [Slide 21](#)
- If no change is necessary, click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. A form for 'Provider ID' and 'Name' is visible, with a red box highlighting the 'Close' button. Below the form is a section titled 'Billing Provider/Other Associations List'. This section includes filter options and a table with the following data:

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
<input type="checkbox"/>		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 status has now changed from Incomplete to Complete.
 - If you made any changes, Modification Status will also show Updated.
 - To end date the Association to the Agency, see [Slide 16](#)
 - To Associate to a new Agency, see [Slide 21](#)
- If you are finished, please review the [Provider Resources](#).

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Viewing Page: 1

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Step 4: Associate Billing Provider / Other Associations

- To End Date the association to an agency, click on Step 4: Associate Billing Provider/Other Associations to review current agency associations.

CHAMPS < My Inbox > Provider >

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual


Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Step 4: Associate Billing Provider / Other Associations

- Click on the NPI/Provider ID Hyperlink



My Inbox

Provider

Note PadExternal LinksMy FavoritesPrintHelp

Provider Portal > Atypical Individual Modification

Provider ID:

Name:

Close

Add

Billing Provider/Other Associations List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
<div><input type="checkbox"/></div>		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

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Save to Excel

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Step 4: Associate Billing Provider / Other Associations

- Enter the End Date you want to end your association to the Agency.
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main form area is titled 'Manage Billing Provider/Other Associations'. It contains several input fields: 'Provider ID:', 'Name:', 'NPI/Provider ID:', 'Provider Name:', 'Enrollment Type:' (set to 'Atypical Agency Provider'), 'Applicant Type:', 'Start Date:' (set to '10/02/2019'), 'Status:' (set to 'Approved'), and 'Business Status End Date:' (set to '12/31/2999'). The 'End Date:' field is set to '12/31/2999'. A red box highlights the 'Close' and 'Save' buttons at the top left of the form. Another red box highlights the 'End Date:' field.

Step 4: Associate Billing Provider / Other Associations

■ Click Close

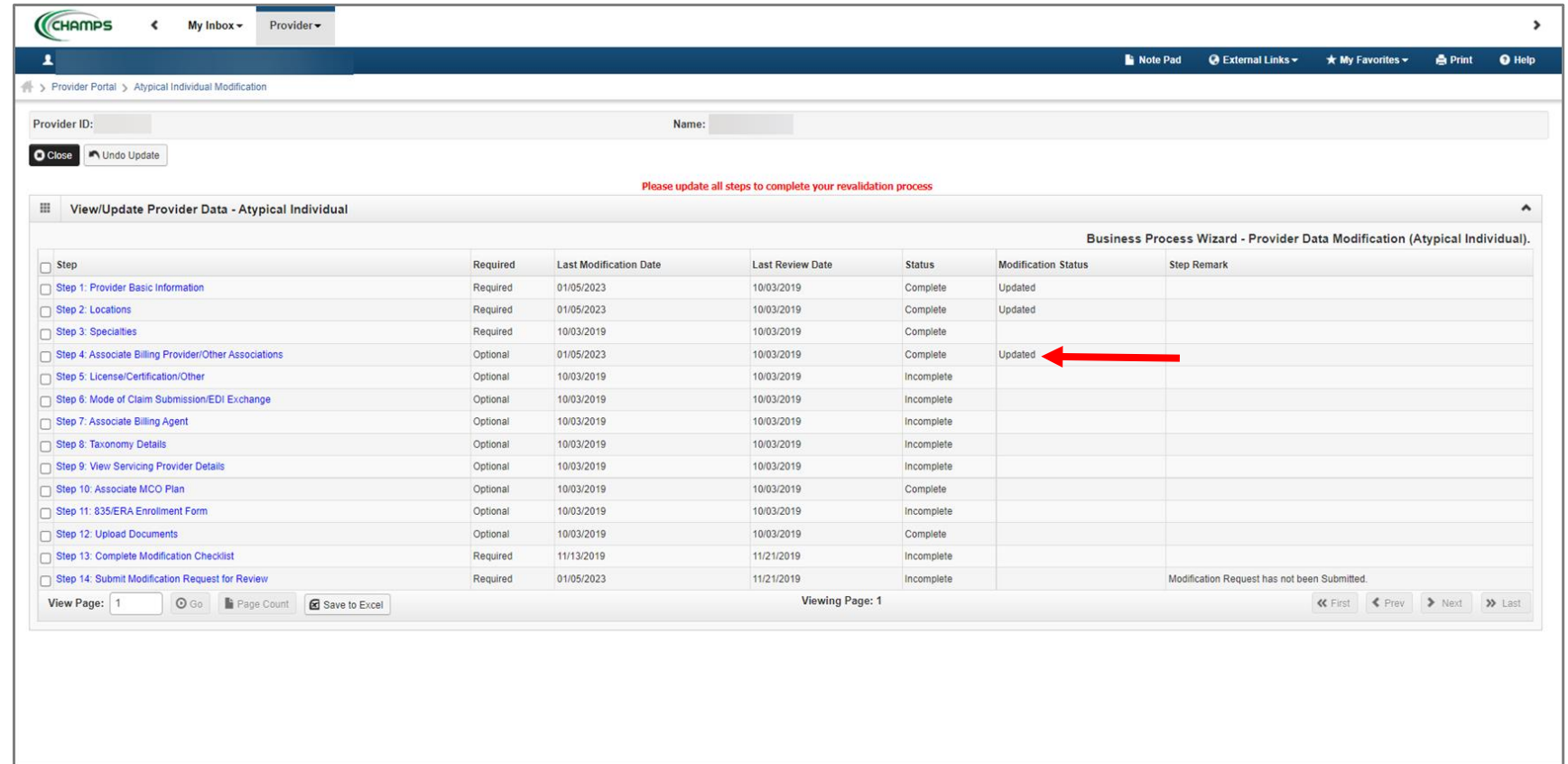
- Please Note: The End Date is now listed and In Review until the entire modification is submitted.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Billing Provider/Other Associations List'. It features a table with columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, Inactivation Date, and Business Status End Date. The table contains two rows of data. The first row has a status of 'In Review', which is highlighted by a red arrow. The second row has a status of 'Approved'. Below the table, there are pagination controls showing 'View Page: 1' and 'Viewing Page: 1'. At the bottom right, there are navigation buttons: 'First', 'Prev', 'Next', and 'Last'.

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
		Atypical Agency Provider	10/02/2019	01/05/2023	In Review			12/31/2999
		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 status has now changed from Incomplete to Complete.
 - If you made any changes, Modification Status will also show Updated.
 - To Associate to a new Agency, see [Slide 21](#)
- If you are finished, please review the [Provider Resources](#).



CHAMPS My Inbox Provider

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual


Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Step 4: Associate Billing Provider / Other Associations

- To associate to an agency, click on Step 4: Associate Billing Provider/Other Associations.



My Inbox

Provider

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Atypical Individual Modification

Provider ID:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License Submission/Order	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Save to Excel

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Step 4: Associate Billing Provider / Other Associations

- Click Add



My Inbox

Provider

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Atypical Individual Modification

Provider ID:

Name:

Close

Add

Billing Provider/Other Associations List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
<input type="checkbox"/>		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

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Step 4: Associate Billing Provider / Other Associations

- In the Type drop-down menu, select Provider ID
- Enter the Provider ID of the Agency
- Enter today's date as the start date
- Click Confirm Provider
- Click OK


The screenshot shows a web application window titled "Associate Billing Provider/Other Associations". At the top, there are fields for "Provider ID:" and "Name:". Below this is a tabbed interface with the active tab being "Associate Billing Provider/Other Associations". The main area contains a form with the following elements:

- A "Type:" drop-down menu currently set to "Provider ID", which is highlighted with a red box and a red arrow pointing to it.
- An "ID:" text input field, also highlighted with a red box and a red arrow pointing to it.
- A "Start Date:" field with a calendar icon, showing "01/05/2023", and an asterisk (*) next to it, highlighted with a red box and a red arrow pointing to it.
- A "Business Status End Date:" field.
- On the right side, there are fields for "Provider Name:", "Enrollment Type:", "Applicant Type:", and "End Date:".
- At the bottom right, there are three buttons: "Confirm Provider" (highlighted with a red box), "OK" (checked), and "Cancel".

Instructions at the top of the form state: "Enter NPI/Provider ID of Billing Provider/Other Associations and click 'Confirm Provider.'"

Step 4: Associate Billing Provider / Other Associations

- Click Close



My Inbox

Provider

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Atypical Individual Modification

Provider ID:

Name:

Close

Add

Billing Provider/Other Associations List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
<input type="checkbox"/>								
<input type="checkbox"/>		Atypical Agency Provider	01/05/2023	12/31/2999	Approved	Active		12/31/2999

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Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 status has now changed from Incomplete to Complete.
 - If you made any changes, Modification Status will also show Updated.

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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Provider Resources



MDHHS Home Help Provider website:
www.Michigan.gov/HomeHelp



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



**Thank you for participating in the Michigan
Medicaid Program**